STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL065034 07/13/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4724 CASTLE HAYNES ROAD CASTLE CREEK MEMORY CARE CASTLE HAYNE, NC 28429** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 7-13-2016. Records indicate this facility was first licensed on 9-1-1982 as a Home for the Aged. The facility is currently licensed as a 84 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 4) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1977 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. C 133 C 133 Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there were no hand grips provided at any of the 4 showers in the bathrooms off the hall. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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C 166	Continued From pa	ge 1	C 166			
	<ul> <li>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</li> <li>(e) This Rule shall apply to new and existing facilities.</li> <li>This Rule is not met as evidenced by:</li> <li>1. Based on observation, there was no handle provided on the outward opening exterior gate in the courtyard. The gate is equipped with Special (magnetic) locking connected to the fire alarm system. With no handle provided, it is difficult to close the gate after testing the fire alarm system.</li> </ul>					
	were damaged in the	vation, a wall and a corner ne shower room on the right damaged areas could present.				
	were not maintaine obstructions. Finding includes;	vation, the exterior exit paths d uncluttered and free of e gate from the secure ructed with a chair.				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the expension of the condition	11 OTHER  Ind all fire safety, electrical,  Industry the description of the control of the contr				

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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
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C 189	Continued From page 2		C 189				
	equipped with Specimagnetic locks released adjacent emergency when the fire alarm the doors released of Protection was a protection until the can be repaired.  2. Based on obserswitch for the magriaundry will release damaged and not with the can be recommended.	vation, all the exit doors are cial (magnetic) locking. The eased by activation of the cy release switch and by the release switch. However, system was tested, none of as required by Code. A Planuccepted to insure equivalent fire alarm and door systems entically locked exit near the the door when held but is working properly.					
	3. Based on observation, the cover over the emergency release switch for the magnetically locked exit near room 1 was locked closed with a plastic zip ty. A zip ty renders the emergency release switch inaccessible because it cannot be removed without a tool or knife. Note; The zip ty was removed during the survey.						
	powered emergence tested. Battery pow will not work proper could endanger the	om 19, om 22, om 23, om 36, om nurse station,					

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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: <b>01</b>		COMPLETED		
HAL065034		B. WING		07/13/2016			
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
C 189	Continued From pa	ge 4	C 189				
C 109	Continued From page 4  9. Based on observation, the exit sign at the cross-corridor smoke barrier doors near room 33 would not illuminate on battery back-up. Exit signs that will not illuminate on battery back-up for at least 90 minutes could delay an evacuation in an emergency.  10. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:  a. Hole in the wall of the clean linen room, b. The ceiling is damaged above the commercial dryer, c. Holes in the ceiling of the boiler room, d. Hole in the ceiling of the boiler room, e. TV junction box hanging out of wall in room 14, f. Hole in the ceiling of the breakroom, g. Ceiling register not properly mounted to ceiling in activity room.  11. Based on observation, the GFCI type receptacle in the shower room on the right near room 13 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.  12. Based on observation, there was a ¾ gas line in the laundry that was sealed with only a		C 109				
	line in the laundry the valve. The Fuel Ga are not attached to	nat was sealed with only a is Code requires gas lines that appliances to be capped I gas lines could leak even					

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